



## Registration Form

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

How did you find out about our program? \_\_\_\_\_

Parent's relationship to each other: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_

Child lives with (check all that apply):

\_\_\_\_ Mother & Father \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (wrk) \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (wrk) \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

## EMERGENCY INFORMATION:

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

## PHOTOGRAPHING / VIDEO CONSENT

I herein grant permission for my child(ren) to be photographed and / or videotaped while participating in activities sponsored by Lighthouse Preschool & Daycare, 15154B Carrollton Blvd, Carrollton, VA 23314. Furthermore, I also give permission for the photos and / or video to be utilized in materials (including the daycare website and social media) for promotional purposes as long as my child(ren) are not identified by name. I also agree to hold harmless the above named parties for any injuries arising from the process of acquiring the media or from its use.

Parent Signature \_\_\_\_\_

## TRANSPORTATION RELEASE

It is understood that parents / guardians already have authorization to pick up their child from preschool. Please list below, relatives, friends, and parents **without custody** who you authorize to pick up your child from preschool. All individuals must present a picture I.D. in order for your child to be released to them. Only custodial parents / guardians may make changes to this list of authorized individuals.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (wrk) \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (cell) \_\_\_\_\_ (wrk) \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please list all spouses / ex-spouses, non-custodial parents, grandparents, family members, and / or friends who **cannot** pick up your child from daycare:

Is there legal documentation to support this request? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of document? \_\_\_\_\_

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- **NOTE:** Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities. (over)

#### **AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parents(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

#### **SIGNATURES**

Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Administrator of Center \_\_\_\_\_ Date \_\_\_\_\_

Date Child Entered Care: \_\_\_\_\_ Date Left Care \_\_\_\_\_

If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

#### **OFFICE USE ONLY IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Other Form of Proof Date Documentation Viewed \_\_\_\_\_

Person Viewing Documentation \_\_\_\_\_

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.